IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.:

10/816,663

Applicant:

Dale E. SHUSTER, et al.

Confirmation No.:

1036

Filed:

April 2, 2004

Group Art Unit:

1617

Examiner:

Shengjun Wang

For:

Compositions and Method for Treating Microbial and Parasitic

Infections in Cattle and Other Animals

Attorney Docket:

2003.027 US (AH06021US01)

January 8, 2009

NOTICE OF APPEAL

Mail Stop: AF

Commissioner of Patents Alexandria, VA 22313

Dear Sir/Madam:

Applicants appeal to the Board of Appeals from the June 17, 2008 final rejection. Please charge the \$540.00 fee for this notice of appeal to Deposit Account No. 02-2334.

Petition for Three Month Extension of Time

Applicants are requesting a three-month extension of time in their Response to the Final Office Action that is also being submitted herewith. Please charge the \$1,110.00 fee for the three-month extension of time to Deposit Account No. 02-2334ddjustment date: 01/26/2009 LDIEP1 01/08/2009 INTEFSW 00007053 022334

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Applicants do not believe that any other fee is due in competites with the lighter If, however, Applicant do owe any such fee(s), the Commissioner is hereby authorized to charge the fee(s) to Deposit Account No. 02-2334. In addition, if there is ever any other fee deficiency or

Page 1 of 2

Appl. No. 10/816,663 Notice of Appeal of January 8, 2009 Attorney Ref. No: 2003.027 US

overpayment under 37 C.F.R. §1.16 or 1.17 in connection with this patent application, the Commissioner is hereby authorized to charge such deficiency or overpayment to Deposit Account No. 02-2334.

Respectfully submitted,

/William M. BLACKSTONE/ Reg. #29772

William M. Blackstone, PTO Reg. No. 29772 Chief Patent Counsel Intellectual Property - Animal Health Global Law and Public Affairs Schering-Plough

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UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 1/22/09 2 Serial/Patent # 10/8/6,6/63				
3 Please refund the following fee(s):	fee(s): 4 PAPER 5 DATE NUMBER FILED		6 AMOUNT	
Filing			\$	
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↓ ②Extension of Time		1/8/09	\$ 1,110.00	
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X Petition		1/8/09	\$ 540.00	
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11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Joan Olszewski	ED/PRINTED NAME: Joan Olszewski TITLE: Petition Examiner			
SIGNATURE:	PHONE: 571-272-7751			
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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